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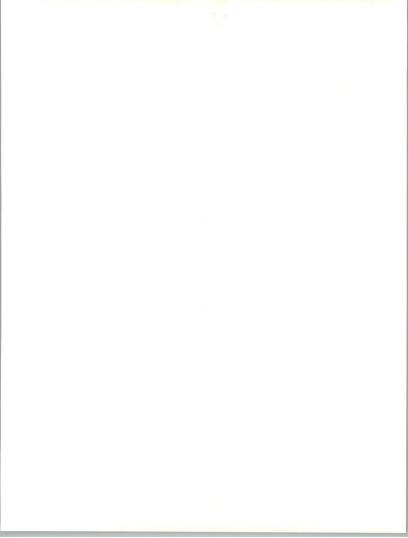
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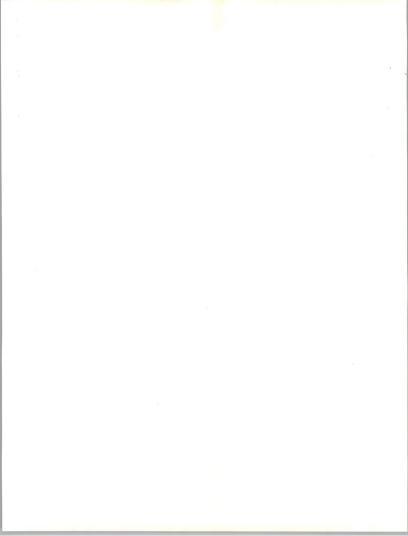
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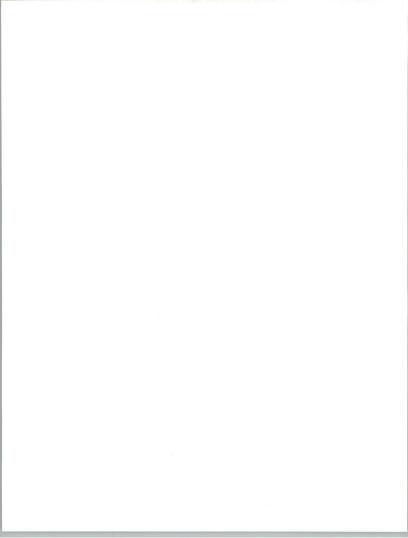
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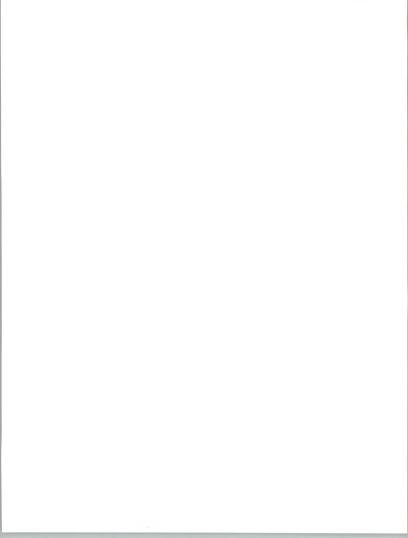
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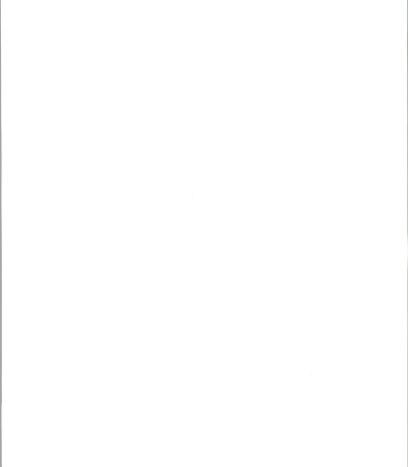
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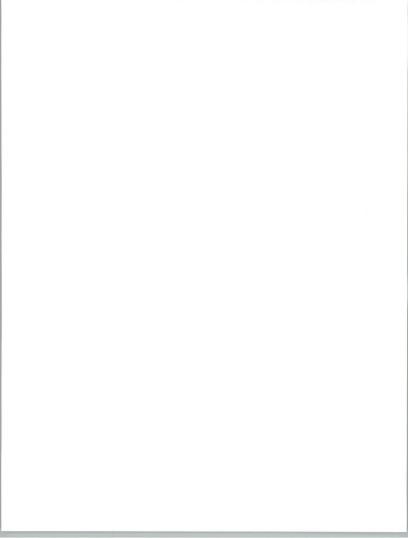
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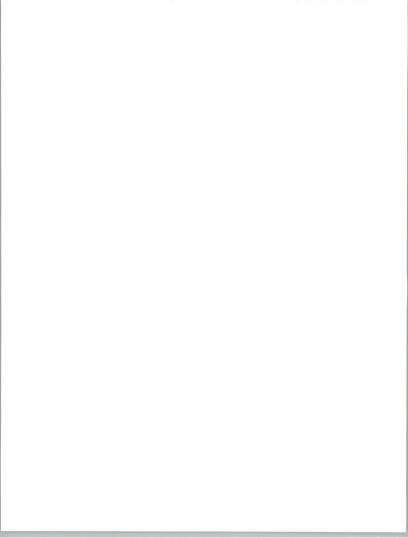
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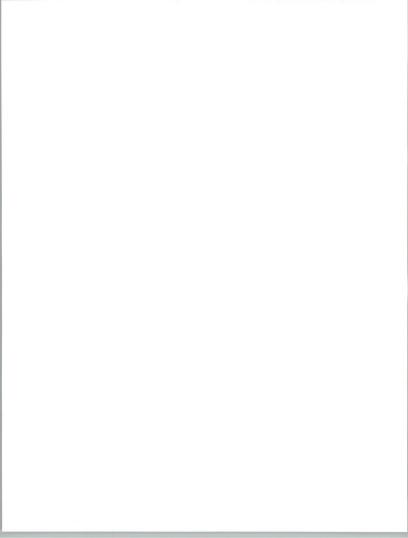


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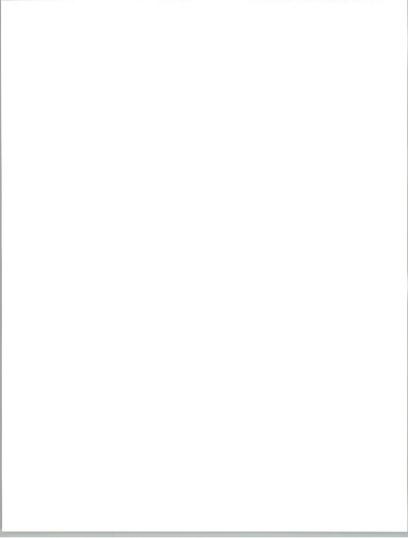
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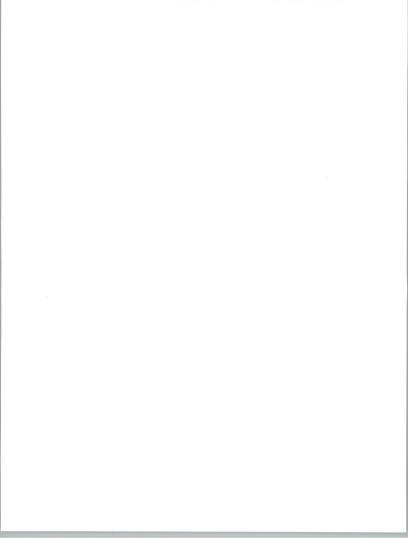


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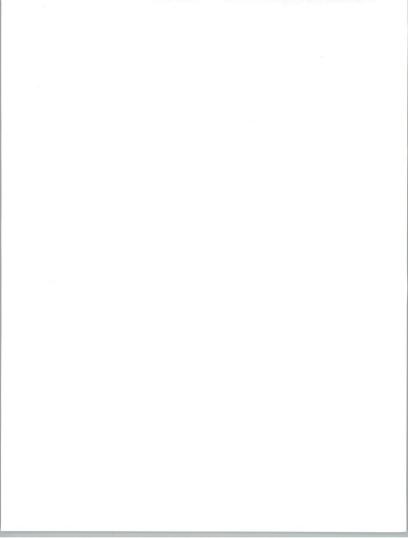
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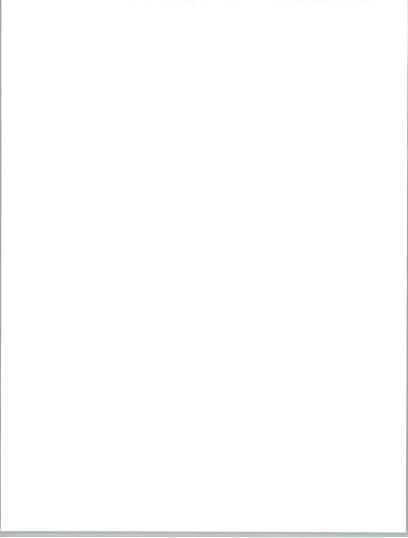


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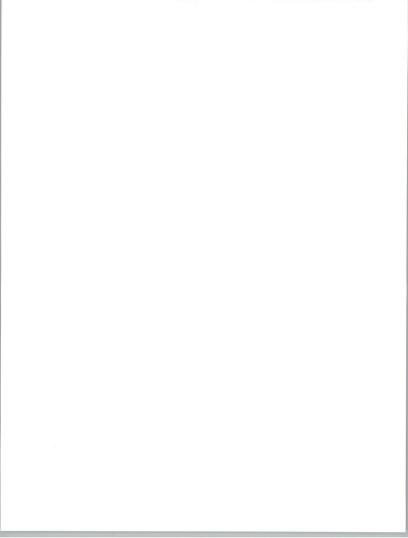
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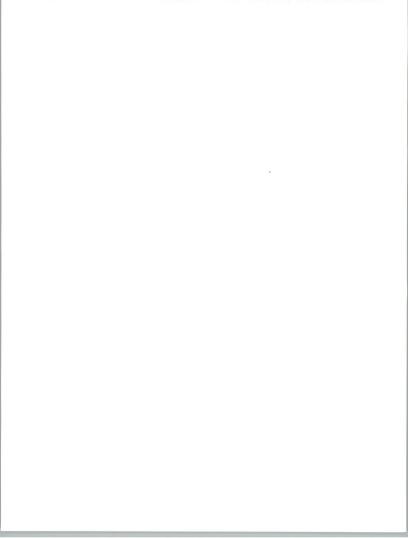
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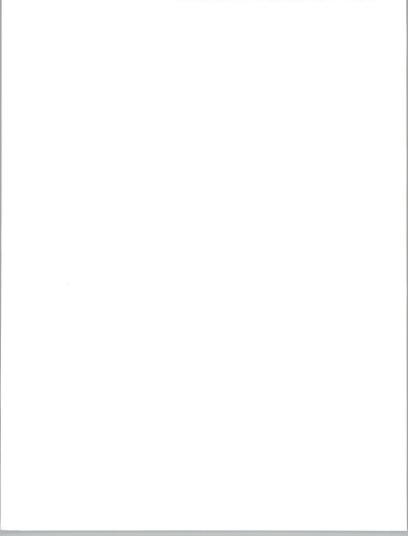
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TERMS OF PAYMENT

Payment in full is due within 30 days of invoice date.

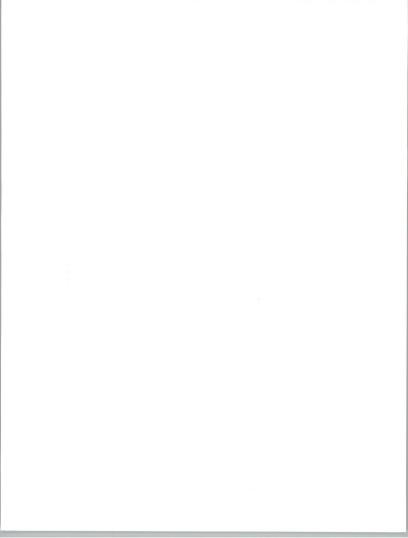
in the Enclosed is my check in the	amount of \$
 Bill my company on purchas 	se order number in the amount of
\$	
	able sales tax on 70% of purchase price.
Connecticut clients: Please add 8%	sales tax on the total amount.
CONDITIONS AGREEMENT	
structure of the client and will not be parent, subsidiary, or affiliated orgal its best efforts in preparation of the information contained therein to be or expense that may result from inco	sed only by the employees of and within the current corpor disclosed to any other organization or person including nizations without written consent of INPUT. INPUT exect information provided under this Agreement and believes the accurate. However, INPUT shall have no liability for any le pompleteness or inaccuracy of the information provided. or modify the content of the program in response to chang
Authorized By:	Accepted By INPUT:
Organization	Signature
Name	Name

Title

Date

INPUT

GFP6-9/89



Yes! Please enter my order as described:

INPUT 1280 Villa Street Mountain View CA 94041 (415) 961-3300 Telex 171407 Fax (415) 961-3966 Federal Microcomputer Market, 1989-1994 report at the fee of \$1,500.

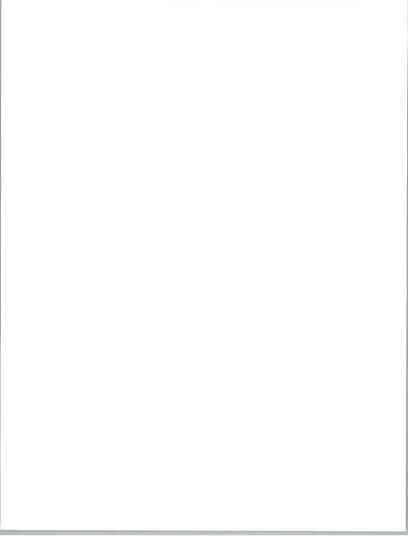
Payment in full is due within 30 days of invoice date.

□ Enclosed is my check in the amount of \$

TERMS OF PAYMENT

per in the amount of
m 70% of purchase price.
e total amount.
e employees of and within the current corporate ny other organization or person including ut written consent of INPUT. INPUT exercises ovided under this Agreement and believes the ever, INPUT shall have no liability for any loss inaccuracy of the information provided. content of the program in response to changing
Accepted By INPUT:
Signature
Name
Title
Date
GMIC-9/89

INPUT



Yes! Please enter my order as described: EDI Intertrends—Europe report at the fee of \$2000.

	RMS OF PAYMENT	
Pay	ment in full is due within 30 days of invoice date.	
0	Enclosed is my check in the amount of \$	
	Bill my company on purchase order number	in the amount of
	·	
	ifornia clients: Please add applicable sales tax on 70% of pu	
Cor	inecticut clients: Please add 8% sales tax to the total amount	

CONDITIONS AGREEMENT

The information provided shall be used only by the employees of and within the current corporate structure of the client and will not be disclosed to any other organization or person including parent, subsidiary, or affiliated organizations without written consent of INPUT. INPUT exercises its best efforts in preparation of the information provided under this Agreement and believes the information contained therein to be accurate. However, INPUT shall have no liability for any loss or expense which may result from incompleteness or inaccuracy of the information provided. INPUT reserves the right to change or modify the content of the program in response to changing client requirements.

INPUT	Authorized By:	Accepted By INPUT:
1280 Villa Street Mountain View	Organization	Signature
CA 94041 (415) 961-3300	Name	Name
Telex 171407 Fax (415) 961-3966	Tide	Title
	Address	Date
	Telephone	
	Signature Date	

INPUT

EANE-9/89

ORDER BOTH STUDIES BY 9/15/89 AND SAVE \$3,000

INPUT's International Research for U.S. Companies

Yes!

Please enter my order as described: I understand that if both studies are ordered by September 15, 1989, I can attend INPUT's conference, "Globalization of Information Services Markets" absolutely free (a \$1395 value) and save an additional \$1605 on study fees!

- ☐ The Challenge of the Single European Market—1992 and Beyond at the fee of \$3995 if ordered by September 15, 1989.
- ☐ Worldwide Information Services Market Forecasts—Positioning for Global Competitiveness at the fee of \$12,500 if ordered by September 15, 1989.
- ☐ Both studies at the combined fee of \$14,890 plus free conference attendance.

TERMS OF PAYMENT

Invoice will be sent upon receipt of endorsed order form; payment (U.S. dollars is required within thirty (30) days of invoice date (first-time buyers please note: available studies will be shipped immediately upon receipt of payment in (till).

- ☐ Enclosed is my check in the amount of \$____
- ☐ Bill my company on purchase order number ______ in the amount of

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INPUT

1280 Villa Street Mountain View CA 94041 (415) 961-3300 Telex 171407 Fax (415) 961-3966

Authorized By:	•	Accepted By INPUT:			
Organization		Signature			
Name		Name			
Tide		Title			
Address		Date			
Telephone					
Signature	Date		VCAL 0/00		

Please enter my						
order as described:						
	at the fee of \$					
	TERMS OF PAYMENT Invoice will be sent upon receipt of er days of invoice date (first-time buyer upon receipt of payment in full).	ndorsed order form; payment is required within thirty (30) s please note: available studies will be shipped immediately				
	□ Enclosed is my check in the amount of \$ □ Bill my company on purchase order number in the amount of \$					
	CONDITIONS AGREEMENT The information provided shall be used only by the employees of and within the current corporate structure of the client and will not be disclosed to any other organization or person including parent, subsidiary, or affiliated organizations without written consent of INPUT. INPUT exercises its best efforts in preparation of the information provided under this Agreement and believes the information contained therein to be accurate. However, INPUT shall have no liability for any loss or expense which may result from incompleteness or inaccuracy of the information provided.					
INPUT 1280 Villa Street	Authorized By:	Accepted By INPUT:				
Mountain View	Organization	Signature				
CA 94041 (415) 961-3300 Telex 171407	Name	Name				
Fax (415) 961-3966	Title	Title				
	Address	Date				
	Telephone					

